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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)							SERIAL NO. 10/089576	FILING DATE
							APPLICANT	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	/		/				51	
2		/		/			52	
3		/		/			53	
4		/		/			54	
5		/		/			55	
6		/		/			56	
7		/		/			57	
8		/		/			58	
9		/		/			59	
10	/		/				60	
11	/		/				61	
12	/		/				62	
13	/		/				63	
14	/		/				64	
15	/		/				65	
16	/		/				66	
17	/		/				67	
18	/		/				68	
19	/		/				69	
20	/		/				70	
21	/		/				71	
22	/		/				72	
23	/		/				73	
24	/		/				74	
25	/		/				75	
26	/		/				76	
27	/		/				77	
28	/		/				78	
29	/		/				79	
30	/		/				80	
31	/		/				81	
32	/		/				82	
33	/		/				83	
34	/		/				84	
35	/		/				85	
36	/		/				86	
37	/		/				87	
38	/		/				88	
39	/		/				89	
40	/		/				90	
41	/		/				91	
42	/		/				92	
43	/		/				93	
44	/		/				94	
45	/		/				95	
46	/		/				96	
47	/		/				97	
48	/		/				98	
49	/		/				99	
50	/		/				100	
TOTAL IND.	4		4				TOTAL IND.	
TOTAL DEP.							TOTAL DEP.	
TOTAL CLAIMS	4		4				TOTAL CLAIMS	

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